



# Texas Department of Insurance

## Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

##### Requestor Name and Address

JOSE L DIAZ-PAGAN MD  
8230 GATHEWAY EAST BLVD  
EL PASO TEXAS 79907

##### Respondent Name

Texas Mutual Insurance Co

##### Carrier's Austin Representative Box

Box Number 54

##### MFDR Tracking Number

M4-12-1526-01

##### MFDR Date Received

January 9, 2012

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "CPT code 20610 was authorized by Texas Mutual."

**Amount in Dispute:** \$137.16

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The requestor injected the claimant's right great toe on 3/30/11 than billed Texas Mutual CPT Code 20610 for this. The CPT descriptor for this code is "Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g. shoulder, hip, knee joint..." The requestor's documentation clearly states "...the right great toes was injected..." Texas Mutual, through its EOBs, repeatedly stated that accurate coding is essential for reimbursement. Because the documentation does not substantiate the use of code 20610, no payment is due."

**Response Submitted by:** Texas Mutual Insurance Company

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 30, 2011	Professional Services	\$137.16	\$0.00

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

##### Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.10 sets out requirements related to billing forms and formats.
- 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by health care providers.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 714 – ACCURATE CODING IS ESSENTIAL FOR REIMBURSEMENT. CPT/HCPSCS BILLED INCORRECTLY. SERVICES ARE NOT REIMBURSABLE AS BILLED.

- CAC-18 DUPLICATE CLAIM/SERVICE
- 754 – NOT A REQUEST FOR RECONSIDERATION; DOES NOT INCLUDE SAME BILLING CODES. DOS AND/OR DOLLAR AMOUNTS AS ORIGINAL BILL PER RULE 133.250
- 878 – APPEAL (REQUEST FOR RECONSIDERATION) PREVIOUSLY PROCESSED. REFER TO RULE 133.250(H).
- 890 – DENIED PER AMA CPT CODE DESCRIPTION FOR LEVEL OF SERVICE AND/OR NATURE OF PRESENTING PROBLEMS.
- 225 – THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED. WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

**Issues**

1. Did the requestor provide documentation to support disputed services were coded correctly?
2. Did the respondent provide a document stating the reason why the services in dispute were not paid?
3. Is the requestor entitled to reimbursement?

**Findings**

1. The insurance carrier denied the services in dispute as, 714 – “ACCURATE CODING IS ESSENTIAL FOR REIMBURSEMENT. CPT/HCPCS BILLED INCORRECTLY. SERVICES ARE NOT REIMBURSABLE AS BILLED. “ Per 28 Texas Administrative Code §133.20(c) states, “(c) A health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills.” Review of documentation finds the health care provider requested and received authorization for codes 20610 and J1030. Review of “SUBSEQUENT MEDICAL REPORT WORKERS COMPENSATION” dated March 30, 2011 shows: “**Procedure Performed:** Under sterile condition and local anesthesia, the right great toe was injected with cortisone in the interphalangeal joint and the metatarsal phalangeal joint.” The submitted code description is as follows; “20610; Arthrocentesis, aspiration and/or injection; major joint or bursa (eg. Shoulder, hip, knee joint, subacromial bursa). The Division finds the services in dispute are not supported by the medical documentation. The carrier’s denial is supported.
2. While the carrier did prior authorize code 20610, however the description for this code that was verbally given to Mary at Dr. Diaz-Pagan’s office, “right great toe Cortisone Injection 20610 J1030” does not match description of the CPT code 20610. 28 Texas Administrative Code §133.200 (a)(2)(A)(ii) states, “...complete the bill by adding missing information already known to the insurance carrier, except for the following: ... (ii) procedure/modifier codes”. Review of the explanation of benefits finds the carrier did notify the health care provider of the incorrect coding issue at the time the claim was first and subsequently reviewed.
3. Review of the submitted documentation finds that the health care provider requested prior authorization and billed for a service that is described as an injection in a major joint when in fact an injection in the toe was administered. The service represented by the submitted code in dispute is not supported by the medical documentation. Therefore, no additional reimbursement can be recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that no additional reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 21, 2014  
\_\_\_\_\_  
Date

## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**